

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SOUTH FLORIDA RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted April 11-13, 2017

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CAP Assessment of South Florida Reception Center

I. Overview

On April 11-13, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Florida Reception Center (SFRC). The survey report was distributed on May 24, 2017. In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on April 18, 2017.

The emergency notification informed the Secretary that serious deficiencies were identified. These deficiencies were related to psychiatric medication services, the use of psychiatric restraints when less restrictive alternatives were available, and the assessment and treatment of inmates at imminent risk of self-harm. Of additional concern, was the apparent lack of psychotropic medications prescribed and administered to the majority of inmates receiving inpatient mental health services.

On April 21, 2017, the CMA was provided a copy of the Department's CAP addressing the emergency findings. In May 2017, SFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the remaining findings of the April 2017 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On August 24, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on November 2, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 15 of the 19 physical health findings were corrected. Four physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CARDIOVASCULAR CLINIC</u> PH-1: In 3 of 11 records reviewed, required annual labs were not completed.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-2: In 3 records, the physical examination was incomplete.</p> <p>PH-3: In 4 records, required annual labs were not completed.</p> <p>PH-4: In 3 of 10 applicable records, there was no evidence of the annual fundoscopic examination.</p> <p>PH-5: In 2 of 6 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p> <p>PH-6: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>PH-2, PH-3, PH-4, & PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2, PH-3, PH-4, & PH-5.</p> <p>PH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>PH-7: In 2 records, the physical examination was incomplete.</p> <p>PH-8: In 3 records, there was no evidence of a pneumococcal vaccination or refusal.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p> <p>PH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-9: In 3 of 5 applicable records (7 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-10: In 4 of 7 records reviewed, the physical examination was incomplete.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-11: In 2 of 2 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-12: In 1 of 5 applicable records (15 reviewed), there was no evidence that the follow-up assessment was completed.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-13: In 4 of 7 applicable records, there was no evidence of a discharge note from the nurse.</p> <p>PH-14: In 2 of 10 applicable records, there was no evidence that the nursing assessment was completed within two hours of admission.</p>	<p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-13 will remain open.</p> <p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-15: In 3 of 15 records reviewed, the consultation log was not complete.</p>	<p>PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-16: In 2 of 8 records reviewed, required diagnostic tests were not completed.</p>	<p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-17: In 4 of 7 records reviewed, the inmate request was not contained in the medical record.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>RECEPTION SERVICES</u></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-18: In 11 records, vital signs were not taken at the initial reception screening.</p> <p>PH-19: In 12 records, required laboratory testing was not completed.</p>	<p>PH-18 & PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18 & PH-19.</p>

B. South Unit

The CAP closure files revealed sufficient evidence to determine that 16 of the 17 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC REVIEW</u></p> <p>PH-1: In 6 of 16 records reviewed, initial and ongoing education was not documented.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-2: In 8 records, the physical examination was incomplete.</p> <p>PH-3: In 2 of 5 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p>PH-2 & PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 & PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-4: In 4 of 14 records reviewed, there was no evidence that liver function tests were completed annually as required.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-5: In 11 of 15 records reviewed, the physical examination was incomplete.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-6: In 2 of 4 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-7: In 1 of 1 applicable record, there was no evidence that abnormal labs were addressed timely.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-8: In 8 of 11 records reviewed, there was no evidence that marker studies were completed at appropriate intervals.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-9: In 1 of 3 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-10: In 3 of 10 applicable records (15 reviewed), follow-up appointments were not completed timely.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-11: In 13 records, the inmate request was not contained in the medical record.</p> <p>PH-12: In 10 records, there was no incidental note documenting the response in the progress notes.</p>	<p>PH-11 & PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 & PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-13: In 6 records, the diagnostic and laboratory testing was incomplete.</p> <p>PH-14: In 5 records, there was no evidence that inmates were provided with lab results at the time of the screening.</p> <p>PH-15: In 4 records, there was no evidence that health education was provided.</p>	<p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-13 will remain open.</p> <p>PH-14 & PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14 & PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-16: In 3 records, there was no corresponding note in the medical record by the provider.</p> <p>PH-17: In 3 records, the Medication Administration Record (MAR) did not match the clinician's order.</p>	<p>PH-16 & PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16 & PH-17.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed evidence to determine that 13 of 20 mental health findings were corrected. Seven mental health finding will remain open. Two findings will be added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><u>PSYCHIATRIC RESTRAINTS</u></p> <p>A comprehensive review of 7 psychiatric restraint episodes revealed the following deficiencies:</p> <p>MH-1: In 4 records, less restrictive means of behavioral control were not attempted prior to restraint application [EF].</p> <p>MH-2: In 5 records, restraints were not removed after 30 minutes of calm behavior [EF].</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-3: In 3 of 11 applicable records (17 reviewed), the response to the emergency assessment was not clinically appropriate [EF].</p>	<p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 11 inpatient records revealed the following deficiencies:</p> <p>MH-4: In 4 records, the initial psychiatric evaluation did not address all required components [EF].</p> <p>MH-5: In 2 of 3 applicable records, the inmate did not receive medications as prescribed [EF].</p> <p>MH-6: In 6 records, psychiatric follow-up visits did not address all required elements [EF].</p>	<p>MH-4 & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 & MH-5.</p> <p>MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 11 inpatient records revealed the following deficiencies:</p> <p>MH-7: In 11 records, the risk assessment was not completed as required.</p> <p>MH-8: In 3 records, the required hours of therapeutic services were not provided.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p> <p>MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 10 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 4 of 9 applicable records, the “Health Information Arrival/Transfer Summary” (DC4-760A) was not completed within 24 hours of arrival to the facility.</p> <p>MH-10: In 2 of 7 applicable records, the inmate was not provided with instructions on how to access health care services.</p> <p>MH-11: In 3 records, the S-grade in the medical record did not match the S-grade in OBIS.</p> <p>MH-12: In 5 records, the Individualized Service Plan (ISP) was not signed by members of the MDST.</p>	<p>MH-9 & MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-9 & MH-10 will remain open.</p> <p>MH-11 & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 & MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-13: In 2 of 4 records reviewed, the emergency evaluation was not completed.</p>	<p>MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-14: In 4 of 8 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p>	<p>MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>A comprehensive review of 5 inmate requests revealed the following deficiencies:</p> <p>MH-15: In 1 record, a copy of the inmate request form was not present.</p> <p>MH-16: In 1 of 4 applicable records, the identified request was not responded to within the appropriate time frame.</p>	<p>MH-15 & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 & MH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>RECEPTION/INTAKE PROCESS</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>MH-17: In 2 of 4 applicable records, psychotropic medications were not continued when the inmate was received from the county jail.</p> <p>MH-18: In 1 record, a complete psychiatric evaluation did not occur within 10 days of arrival.</p>	<p>MH-17 & MH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17 & MH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE</u></p> <p>MH-19: In 3 of 4 applicable records (6 reviewed), the “Summary of Mental Health Care” (DC4-661) was not completed for inmates within 30 days expiration of sentence (EOS).</p>	<p>MH-19 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-19 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-20: One isolation management room (IMR) had safety concerns that needed repair.</p>	<p>MH-20 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-20.</p>

Finding	Suggested Corrective Action
<p><u>CAP FINDING – SELF-HARM OBSERVATION STATUS</u></p> <p>CF-1: In 3 of 4 records reviewed, daily rounds by the attending clinician were not completed.</p> <p>CF-2: In 3 of 4 records reviewed, daily counseling did not occur by mental health staff.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

B. South Unit

There were no findings requiring corrective action as a result of the April 2017 survey.

IV. Conclusion

Physical Health Main Unit

The following physical health findings will remain open: PH-6, PH-8, PH-13, & PH-16. All other physical health portions will close.

Physical Health Annex

Physical health finding PH-13 will remain open and all other physical health portions will close.

Mental Health Main Unit

The following mental health findings will remain open: MH-2, MH-3, MH-6, MH-8, MH-9, MH-10, & MH-19. All other mental health portions will close. CF-1 & CF-2 were added for in-service training, monitoring, and corrective action.

Mental Health Annex

There were no findings requiring corrective action as a result of the April 2017 survey.

Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.